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PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

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Attorney Docket No.	GR 95 P 2133
First Named Inventor	Holger Sedlak
Original Patent Number	6,166,952
Original Patent Issue Date (Month/Day/Year)	12/26/2000
Express Mail Label No.	EL608558573US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53)
☒ 37 C.F.R. § 3.73(b) Statement ☒ Power of
(PTO/SB/96) Attorney

ACCOMPANYING APPLICATION PARTS

7. ☐ Statement of status/support for all changes to
the claims. See 37 CFR 1.173 (c).
8. ☒ Original U.S. Patent for surrender
☒ Ribbioned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
9. ☒ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
11. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. Other:

15. CORRESPONDENCE ADDRESS



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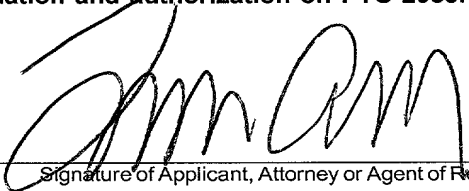
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) GR 95 P 2133		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 18	Total Claims (37 CFR 1.16(j))	(B) 18	**** 0 =	x \$ _____ =		or	x \$ 18 = 0	
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 1	* 0 =	x \$ _____ =			x \$ 80 = 0	
Basic Fee (37 CFR 1.16(h))					\$ _____		\$ 710	
Total Filing Fee					\$ _____	OR	\$ 710	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	=	x \$ _____ =		x \$ _____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****		=	x \$ _____ =		x \$ _____ =
Total Additional Fee					\$ _____	OR	\$ _____	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>12-1099</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>710.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
February 14, 2001 Date			 Signature of Applicant, Attorney or Agent of Record					
LAURENCE A. GREENBERG REG. NO. 29,308			Laurence A. Greenberg Typed or printed name					